

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/18/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155593</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/13/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>INDIANA MASONIC HOME INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>690 S STATE STREET</b> <b>FRANKLIN, IN 46131</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00084085 and IN000844445.</p> <p>Complaint IN00084085- Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00084445- Unsubstantiated, due to lack of evidence.</p> <p>Survey dates: January 12 and 13, 2011</p> <p>Facility number: 001133 Provider number: 155593 AIM number: 200090430</p> <p>Survey team: Debra Skinner RN</p> <p>Census bed type: SNF: 15 SNF/NF: 134 Residential: 119 Total: 268</p> <p>Census payor type: Medicare: 15 Medicaid: 129 Other: 124 Total: 268</p> <p>Sample: 03</p> <p>Indiana Masonic Home was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaints IN00084085 and IN00084445.</p> <p>Quality review completed on January 14, 2011 by</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Bev Faulkner, RN			F 000			